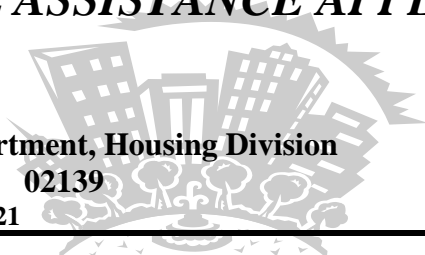


# **CAMBRIDGE HOMEBUYER PROGRAM FINANCIAL ASSISTANCE APPLICATION**

**City of Cambridge**  
**Community Development Department, Housing Division**  
**344 Broadway, Cambridge, MA 02139**  
**Tel: 617-349-4642 TTY 617-349-4621**



**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Head of Household*

**Co-Applicant Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
*Number & Street Apt.# City State Zip*

**Mailing Address:** \_\_\_\_\_  
*Number & Street or PO Box Apt.# City State Zip*

**Telephone #:** \_\_\_\_\_ **No. of people in household:** \_\_\_\_\_  
*Day Evening*

How long have you lived at current address? \_\_\_\_\_ How long have you lived in  
 Cambridge? \_\_\_\_\_ What is your present rent? \_\_\_\_\_

**Current Landlord:** \_\_\_\_\_  
*Name Address Phone*

## **HOUSEHOLD & INCOME INFORMATION**

**List all household members that will be occupying your new home (including self, children and those without income)**

Name	SS #	DOB	Relationship to Applicant	Gross Annual Income

**You MUST provide documentation for all income you have declared. Copies only. The City cannot be responsible for original documents and is unable to make copies for you.**

## **EMPLOYMENT INFORMATION**

Household Member	Employer/Address	Name of Supervisor	Job title and Length of employment	Telephone #

### **REQUIRED DOCUMENTATION WHICH APPLY TO YOUR INCOME.**

AND ANY OTHER INCOME RECEIVED SINCE THE BEGINNING OF THE CURRENT YEAR  
(FOR EXAMPLE: BONUS, INHERITANCE ETC.)

- If weekly payroll, four (4) of your most recent weekly pay stubs,
- If bi-weekly or bi-monthly, two (2) pay stubs for bi-weekly and bi-monthly payroll, or
- Or letter from your employer on company stationery stating your gross earnings for the last four weeks.
- A letter from Social Security stating your benefits or a copy of your most recent check or a bank statement.
- If Self employed, please submit profit & loss statement (schedule C) and related tax information for most recent two consecutive years.

### **FEDERAL TAX RETURN DOCUMENTATION**

All applicant's must submit a copy of the most recent **federal tax return, including all W-2's and 1040s,1099s and all associated forms** for each household member over the age of 18. If a household member is not listed on the federal tax return and has not submitted an individual tax return, provide an explanation and appropriate documentation.

### **FULL TIME STUDENTS:**

If you have any household member over 18 years of age who is a full-time student, you must provide documentation from the school describing enrollment status.

### **NO INCOME DOCUMENTATION:**

If you have any household member over 18 years of age who has no source of income (no employment or financial benefits) contact CDD for a ("Statement of NO Income") form.

### **SAVINGS & CHECKING ACCOUNTS:**

Submit copies of three months of the most recent statements for all bank accounts for all members of the household.

## **COPY OF SOCIAL SECURITY CARD**

### **CREDIT REPORT**

Submit a copy of a consumer credit report issued within the previous sixty (60) days for all applicants to be listed on the deed and mortgage.

### **MORTGAGE PRE-APPROVAL**

Submit a pre-approval from a bank for a 30-year fixed rate mortgage. The pre-approval must be dated no more than thirty (30) days prior to the submission of the application.

Were you or anyone on your application ever an owner or part owner of any real estate?

**If yes, please provide an explanation:** \_\_\_\_\_

Have you completed a certified Homebuyer Training Program? \_\_\_\_\_

***(Provide a copy with your application) required before loan closing.***

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_  
**month & year                      city or town**

Have you received individual counseling through CDD? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you or any member of your household ever been convicted of property damage? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you or any members of your household ever filed bankruptcy? \_\_\_\_\_ If yes, when? \_\_\_\_\_

## **OTHER SOURCES OF INCOME:**

### **RETIREMENT INCOME OR DISABILITY AWARD:**

Name of Recipient: \_\_\_\_\_ Amount of Monthly Income: \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_

**Acceptable Documentation:** A letter from the source of retirement or disability income stating your benefits and how long you have been receiving them or a copy of your most recent check.

### **SOCIAL SECURITY INCOME:**

Name of Recipient: \_\_\_\_\_ Gross Monthly Amount: \$ \_\_\_\_\_

**Acceptable Documentation:** A letter from Social Security stating your benefits or a copy of your most recent check or a bank statement.

**VETERAN'S ASSISTANCE:**

Name of Recipient: \_\_\_\_\_ Gross Monthly Amount: \$ \_\_\_\_\_

**Acceptable Documentation:** A letter from Veteran's Administration stating your benefits or a copy of your most recent check or a bank statement.

**PUBLIC ASSISTANCE:**

Name of Recipient: \_\_\_\_\_ Gross Monthly Amount: \$ \_\_\_\_\_

**Acceptable Documentation:** A letter from the Public Assistance Office stating your benefits and how long you have been receiving them.

**UNEMPLOYMENT:**

Name of Recipient: \_\_\_\_\_ Weekly Amount: \$ \_\_\_\_\_

When did benefits start?: \_\_\_\_\_ When do they expire?: \_\_\_\_\_

**Acceptable Documentation:** Your most recent unemployment check stubs or a letter from unemployment stating amount of benefits and the date benefits began.

**CHILD SUPPORT/ALIMONY:**

Amount Received: \$ \_\_\_\_\_ Payment(s): Monthly: \_\_\_\_\_ Weekly: \_\_\_\_\_ Bi-weekly: \_\_\_\_\_

**Acceptable Documentation:** A copy of most recent check(s) for one month's alimony/child support or a copy of the court order or a letter from your lawyer stating the amount received, frequency you receive payment, and the date you started receiving that amount.

**INTEREST/DIVIDEND: (*In excess of \$100.00*)**

Name of Recipient: \_\_\_\_\_ Source of Interest: \_\_\_\_\_

Annual Interest: \$ \_\_\_\_\_

**Acceptable Documentation:** A letter from the source of the income stating the amount of interest earned in the last twelve months.

If applicable, a letter and supporting documentation explaining any unusual employment or household circumstances:

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **ASSETS:**

**List all Savings Accounts of Applicants:** *(includes financial institutions, 401K, Money Market)*

Institution: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

**List all Checking Accounts of Applicants:**

Institution: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

## **DEBTS:**

**List all loans with outstanding balances including car loans, personal loans and student loans:**

Name of Lender: \_\_\_\_\_ Balance Due: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Name of Lender: \_\_\_\_\_ Balance Due: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

### **Credit Cards:**

Card Name: \_\_\_\_\_ Balance: \_\_\_\_\_ Minimum Monthly Payment: \_\_\_\_\_

Card Name: \_\_\_\_\_ Balance: \_\_\_\_\_ Minimum Monthly Payment: \_\_\_\_\_

Card Name: \_\_\_\_\_ Balance: \_\_\_\_\_ Minimum Monthly Payment: \_\_\_\_\_

### **CERTIFICATIONS**

I/We certify, under penalty of perjury, all information on this application to the best of my/our knowledge is true. I/We also certify that I/We have never owned any real estate property. I/We understand that false information given is sufficient grounds for rejection of this application. Furthermore, verification may be obtained from any source herein.

### **LEAD PAINT HAZARDS**

I/We, as prospective owners of property are aware of the hazards of lead paint that may affect the occupants of the property for which we are seeking assistance, specifically any child aged six or younger. I/We understand that I/We may be required to eliminate the hazard should it pose a threat to the future inhabitants of the property pursuant to the requirements of the Massachusetts Lead Law.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C.**

**“Title 18, Section 1001, provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies.... Or makes any false fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years or both.”**

- ♦ All persons whose names will appear on the deed when property purchased must sign here:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ♦ All persons whose names will appear on the deed when property purchased must sign here:

I, \_\_\_\_\_ Authorize the City of Cambridge, its Community Development Department staff to obtain information regarding my household’s eligibility for financial assistance through the Cambridge Homebuyer Program. This includes information about my household’s income and employment, assets, present or former tenancies, and credit history, including court judgments and bankruptcies, from any parties having such information, including employers, financial institutions, agency, or housing authority. I authorize and release any parties from whom that information is requested to release it to the City of Cambridge and their employees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed application to:

**City of Cambridge  
Community Development Department, Housing Division  
344 Broadway  
Cambridge, MA 02139**

***Incomplete applications will be not be considered***